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## APPLICANTS

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## \*\* CONTINUING DATA

*ref.*  
 This appln claims benefit of 60/210,652 06/09/2000  
 and claims benefit of 60/261,922 01/16/2001  
 and claims benefit of 60/261,121 01/12/2001

## \*\* FOREIGN APPLICATIONS

*ref.*  
 SWEDEN 0001253-4 04/05/2000  
 SWEDEN 0003195-5 09/07/2000  
 SWEDEN 0004157-7 11/13/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/30/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>ref.</i> Examiner's Signature	SWEDEN	5	<del>34</del> 32	2

## ADDRESS

2292

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## TITLE

Method and system for information association

<p>FILING FEE RECEIVED 1092</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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